

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11410

State File No. _____

Registration District No. 20

Primary Registration District No. 3022

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto *DeSoto*
(c) Name of hospital or institution:
711 St. Louis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 2 years 30 min
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Joanne Pierce *620*

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 30
hr. min.

9. Birthplace: DeSoto Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Claude Pierce
13. Birthplace Moherly Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anita Michael
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ch. Pierce

(b) Address 711 St. Louis St. DeSoto

17. (a) burial (b) Date thereof March 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset--St. Louis Co., Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo. *381*

19. (a) 3-28-40 (b) Jeneva Donnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limit, write "RURAL")
(d) Street No. 711 St. Louis, St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 18 1940 to March 18 1940

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia (T. min.)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Paul V. Neppinsty (M. D. certificate) 1

Address DeSoto, Mo. Date signed 3/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.